					W	E. DAVIS,
JCC FINANCIN	IG STATEN	MENT AMENDM	ENIT			
OLLOW INSTRUCTIO	NS (front and bac	AN CAREFULLY	-14 I			
A. NAME & PHONE OF	CONTACT AT FI	ILER (optional)				
B. SEND ACKNOWLED	GMENT TO: (Na	ame and Address)				
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JIM	HITTIF & A	ASSOCIATES				
	P.O. BOX	N ONN				
CRYST	AL SPRING	SS, MS 39059	ľ			
	800-927-	33, M3 39059 0251				
<u>L_</u>	000-327-	-0231	,			
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Book 2054, Page	NEMENTFILE# 0341 on Aug	met 22 2004 to D. C.		1b.	This FINANCING STAT	EMENT AMENDMENT
x TERMINATION. E	Mactivaness of the Fi	gust 23, 2004 in DeSoto	o County, Mississippi	×		
CONTINUATION:	Effectiveness of the	Financing Statement identified a	re is terminated with respect to security	interest(s) of the Secure	ed Party authorizing this 1	ermination Statement.
continued for the addi	tional period provide	ed by applicable law.	soove with respect to security interest;	s) of the Secured Party	authorizing this Continu	stion Statement is
ASSIGNMENT (full	or partial): Give nam	me of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and	also give name of scalon	or lo Haro 9	
	Distantifold	V. 1916 AMendment affects. I I	Debtor and Louis and a	rd. Check only one of th	ese two hoves	
CHANGE name and/or	wing miee boxes <u>and</u> address: Please referi	d provide appropriate information in to the detailed instructions	n items 6 and/or 7.			
in regards to changing the CURRENT RECORD IN		party.	DELETE name: Give record r to be deleted in item 6a or 6b.	lame A	DD name: Complete item Iso complete items 76-7g	7a or 7b, and also item 7c (fapolicable)
Ba. ORGANIZATION'S N	IAME					
KGen Southave	en LLC					
Sh INDERMOTATION AGE						
6b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDÉ	DLE NAME	ISHEEN
66. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDĒ	DLE NAME	SUFFIX
66. INDIVIDUAL'S LAST CHANGED (NEW) OR A	NAME DDED INFORMATI	ION:	FRST NAME	MIDE	DLE NAME	SUFFIX
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66. INDIVIDUAL'S LAST CHANGED (NEW) OR A	NAME DOED INFORMATI AME	ION:	FIRST NAME FIRST NAME			
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